Name of Carrier
No.
Reddress of Carrier
Repended to
Rectal Employees Health Benefits Pregranved For Release 2003/08/13: CIA-RDP86-00964R000100120022-0
Name of Carrier
Reporting Period
Taclusive dates)

4(3) 7/60

Table D. I. A. Utilization - Nonmaternity Services: General Summary; Number of claimants, Amount of claimants, expenses by type of medical expense, and amount of benefits paid by plan, by patient category.

		Wa	Н	ospitali:	zation			Physic:	ians¹ and	other	Expenses		Grand	Total
- <del></del>		No. of	Aggre-	Expen	ses for	8		Physicia	ns Fees	Other	related ex	menses	•	a or company
)		Claim- ants	gate No. days	Total Expense		Hosp.	Total Expenses	Surgical Services	Medical Services	Special Nursing	Non Hosp. Drugs	Other	Claiment Expenses	
	Column 1	2	3	4	5	6	7	8	9	10 · ·	11	12	13	14
1 2 3	Total, All Claims Number Active Employees and Dependents, total Number	9 <del>000000</del> 00	xxxxxxx	<b>\$</b>	\$	\$	**************************************			\$		\$	*******	
6	Amount	OCOCICIC	10000000		\$	\$	\$	2	\$ "	8	\$	3	2	\$
. 7 8	Employees, total	; .		e		• -	ate Table:		<b>(.</b>			* 3		
9	Female Dependents, total Spouse Male	" Am	te: inser ount* (a:	s on line	s_2 <sub>9</sub>	1	b) High	eases, Bot option, a option, as	as above,	s combin	ed.			
13 14	Female Child Annuitants and dependents,		items and ough 17		ms 7	2	b) High	italizad c option, a option, as	s above.	lot surg	cically tre	eated.	Both options	s combined
15 16 1 <b>7</b>	total Annuitants, Employee and-survivor total Dependents, total						b) High	italized o option, a option, as	s above,	ngicall	y treated.	. Both	options o	combined
						Į.	b) High	option, as	s above.	l - Both	options o	combine	d.	
	*						r 1							

Approved For Release 2003/08/13 : CIA-RDP86-00964R000100120022-0

-sderal Employees Health Benefits Program	2002/00/42 - CIA DDD0C 000C4D000400420022 0
Name of Carrier Approved For Release	2003/00/13: CIA-RDP06-00964R000100120022-0
Address of Carrier	amone me to me contrate the con
Reporting Period to	Normaternity Services: State Summary
4(3) 7/60 (inclusive dates)	Number of Claimants, amount of claims
4(3) 1/60	and amount of benefits naid by sless

Normaternity Services: State Summary, All Hospital and Medical expense; Number of Glaimants, amount of claimant expenses by type of medical expense; and amount of benefits paid by plan; by patient category, by state, and by option.

					€	ption.	ra.		<b>X</b>		. /	, <b></b>	pauseme ca	roagory o	y scate;	and by
				Hospi	taliza				Ph	vsic	i and	and.	other Expe	nge	Commit	l Total
	the state of the s	No. of	No. of	Aggre-	Exp	enses	fors		Physi	cian	s! Fee		Other relat			Benefit
,	State	Claim- ants	Claims	gate No. of days	Total Ex- pen- ses	Room & Board	Other Hosp. Ex- pen- ses		Surgi Segvi	cal ces Ant	Medic	el Lees Amt		Amt.	ant Ex- pen- ses	Paid by Plan
	Column 1	2	3 -	li	5	6	7	8	9	10	11	12	13	1 14	15	16
1 2 3	Total, all claims (both options) High option Low option			The state of the s	\$	*	\$	*		\$		\$		\$	\$	\$
5	U. S. all states and territories, total High option Low option Overseas (Foreign), total High option Low option			ROMAN WAY	Separ		ibles f	1111/211		T SHAPE OF THE PARTY OF THE PAR						
) <sup>6</sup>	United States (50 States and D.C.), total High option						•	mployee			. فسد					
	Low option					J. D.	bennen	US <sub>9</sub> 100	ar (sp	ouse	and (	surro	l) of activ	e employe	68.	
7	Alabama, total  High option  Low option					4. An	muitan	ts and	annuit	ant	depend	ients	Septiment	• 4		
	Alaska, total High option Low option 7, other States and D.C.								1	I		1		1	ſ	
58	U.S. Territories and Dependencies, total High option Low option															

Approved For Release 2003/08/13 : ¢IA-RDP86-00964R000100120022-0

Name of Carrier
No. Approved For Release 2003/08/13: CIA-RDP86-00964R000100120022-0
Piress of Carrier
Porting Period
(inclusive dates)

4(3) 7/60

D. I. C. Utilization - Nonmaternity Services, Summary by age and sex: All hospital and medical expenses of active employees and annuitants; number of hospital admissions; days hospitalized, amount of claimants; expenses, by type of expense; amount of benefits paid by plan; by age, sex and by option.

		10000	Hosp:	italiza	tion	3.5.11.25			Phys	icians	8 and	other Expens	9		Total
Age and Sex	No. of Claim- ants	No. of Claims		Total	enses f Room & Board	Other Hosp.	Total Expenses	Surg Serv	ical ices Amt.	ns Fe Medi Serv No. of Claim	cal <u>ices</u> Amt.	Other relate No. of Claimants	Amount		Paid by Plan
1 - A		• •	}	\$	\$	\$	\$	-ande	\$	-ænta	\$		\$	\$	\$
Column I	2	3	4	5	6	7	8	9.	10	П	12	13	14	_15	16
Total, all ages  Male Female Under 19, total Mals Female 19 and under 34, total Male Female 35 and under 45, total Male Female 3 45 and under 55, total Male Female 6 55 and under 62, total Male Female 6 62 and under 65, total Male Female 6 63 and under 70, total Male Female 7 62 and under 70, total Male Female 7 63 and over 6 Male Female 7 70 and over 6 Male Female	1		Approv	ed For R		2. a. b. c.	All Acti High Opt Low Opti Active H High Opti Low Opti All Annu High Opt	ion, and ion	as aboves as above as aboves as above as aboves as aboves as above as abo	both cove	ption		options co	Decida	

£mployees Health Bene:	
wame of Carrier	NApproved For Release 2003/08/13 : CIA-RDP86-00964R000100120022-0
Address of Carrier	
porting Period	to
(3) 7/60	inclusive dates)

Table D. II. Utilization - Normaternity Services. Duration of Hospitalizations. Number of Claimants; days hospitalized; Amount of hospital, medical and other related expenses and benefits paid by plan; by patient category, length of hospital stay, and by option.

	No.	Н	ospital	ization				Physi	cians' ar	d other	Expenses		Gran	d Total
	of Claim	Aggre-	Expe	nses for	· 6		Phys	icians?	Fees		Other relat	ed Expense		
Number of days	ants	aggre- gate No.	Total	Room &	Other	LOBEL			Medical	Service	No. of	Total	Claim- ants	Benefit Paid
Hospitalized		d <b>ay</b> rs	<b>job</b> ansas	Board	Hesp. Expenses	Expenses	No. of Claim- ants	Total Amount	No. of Claim- ants	Total Amount		Amount	Expenses	By Plan
Column 1	1 5	3	4	5	6	7	8	9	10		12	, 13	14	15
Total, all days Male Female  1 day Male Female 2 days Male Female 3 days as above 5-4 days as above 10-14days as above 15-29 days as above 30-69 days as above 70-119 days as above 120 and up as above				b) 1 2. a) 1 3. a) 1 4. a) 1 ppproved	il hospitigh optices o	on, as a a a a a a a a a a a a a a a a a a	we Employee ove options bove	of Actions combined	ctal ⇔ Bo se Employa	h optio	combined.  ns combined  th options  ons combine	combined.		

Page 1 of 2 pages

Federal Employees Health Benefits Program
NG.
Name of Carrier
Address of Carrier
Reporting Period to
(inclusive dates)

4(3) 7/60

D.III. A. Utilization — Nonmaternity Service: Primary Cause for medical service; Number of Claimants, amount of claimants, expenses and of benefits paid by plan, by type of case, patient category, and option.

					Cla	ims Invo	lving Ho	spital .	Expenses urgically			133	Other Cla	
	Tot	al All C	lains	S	rgically			Pot S	urgically	The state of the s		H.J.		
P <sub>rimary</sub> Cause Disease, or Systemic Disorder)	No. of claim -ants	Total Claim ants Expenses	Ben- fits	claim	Aggre gate No. Days	Total A	Bene- fits Paid by Plan	Claim -ants	Aggre- gate No. Days	Expenses	Bene- fits Paid by Plan	claim -ants	Total A Claim -ants Expenses	Ben <del>s</del> fits Paid by Plan
Column 1	2	3	4	5	6	7	8	9	10	11	12	13	14	1.35
1 Total, all Claimants 2 Male 3 Female		\$	\$			\$	\$		Comment of America and America	\$	\$		\$	\$
Tuberculosis Male Female				Sepa	ate Tabl		ims, bot	h optic	ps combin	ı <b>∳</b> d		*	74 ( manufacture manufacture ) 47 ( 2 mm	
7 Neoplasms, Malignant					b)	High o	niion, as	above				•	į	
8 as above		İ			c)	Low op	ion, as	above						İ
9 Neoplasms, Benign and all other							١.	1				ļ.,,		
as above		1			2. a)		employee ntion. as		claims,	noth opti	Lons comb	anea		
Endocrine and Metabolic					6)		inion, as				ļ	1		
disorders	i	1		1	1	~~ · · · · · ·	7	T			•	İ		
as above					3. a)				mployees,	claims,	both opt	ions co	mbined	
ll Mental Disorders as above			ļ		p)		otion, as							
12 Nervous system and Sense	l		1		c)	Low op	tion, as	above						
Organs as above					4. a)		nts and		nts, clai	ms, both	options	combine	ed	
13 Diseases of Heart					b) c)		ion, as							
as above						,=ou op	Jany as							
14 Circulatory system, all														
Other as above														
15 Pneumonia, Bronchitis,														
T07														
as above Continue	l ed on ne:	xt page	oved For	Release	2003/08/13	: CIA-RD	P86-00964	IR00010	0120022-0					

Faderal Employees Health Benefits PAPETOVed For Release 2003/08/13: CIA-RDP86-00964R000100120022-0
Name of Carrier
Address of Carrier
Reporting Period to (inclusive dates)

Page 2 of 2 pages

4(3) 7/60

D. III. A. Utilization — Normaternity Service: Primary Cause for medical service; Number of Claimants, amount of claimants expenses and of benefits paid by plan, by type of case, patient category, and option.

*	· · · · · · · · · · · · · · · · · · ·						ims Invol	ving Ho							
		To	tal All	Claima .	S	urgically	Treated		Not Su	urgically			All	Other Cl	
Prin	mary Cause	No. of	Claim	Dente Dente	No. of	Aggre	Clair 4	ment Hens	No. of	Aggre	Total A	nount   Bene-	No. of	Total A	nount Bene
	or Systemic		-ants	Ills	claim	gate No.	, - %	fits		gate No.	-ants		claim	-ants	fits
<b>)</b> '	Disorder)	-ants	Expenses	Paid by			Expenses				Expenses			Expenses	
				Plan	-12.			Plan				Plan			Plan
Co.	lum 1	2	3	<u>ia</u>	5		7	B	9	10	11	12	13	14	15
16 Respir	ratory system, all		\$	\$			\$	\$			\$	\$		\$	\$
	ale									1	!	•			
an ;	smale		· .						;	1				1	
	ch and duodenum						Ì	1	-	1			ĺ		
	s above							!		į			4		
	ladder, and bile						•	ļ	ļ.					1	1
duct	t l		i					1	ĺ						
	s above		1						į	•				į	1
	tive system, all						1	!							1
oth	s above		ĺ						ļ						
	ry and male re-														
pro	ductive system						1	į	1						
	s above						1	1	1						ļ
	e reproductive			}					+					1 - 1	
syst							1							1	
aı	above		I	Î										1	
24 Diseas	ses of Bones and			l			1							1	
Orga	ins of Movement					-	1	1		ł	1	:			
	above		1	Ì			1				1 1		İ	Ì	
5 Injuri Vi	es, Poisioning olence											:			
	above		1		1		1		1						
26 Other,	all (not else-		1		1		1		1						
wher	re reported)				ł		1 .					١.			1
as	above .		1	1	1		1		1	1					-
			Ar	proved F	r Relea	se 2003/08	/13 : CIA-R	ФР86-009	64R000	1þ0120022	- <b>o</b>			1	1

Pederal Employees Health Benefits Program
Name of Carrier
No. Approved For Release 2003/08/13: CIA-RDP86-00964R000100120022-0
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier
Tress of Carrier

Table D. III. B. Utilization - Nonmaternity Services: Surgery; Number of claimants, days hospitalized, amount of hospital, medical and other related expenses and amount of benefits paid by plan, by surgical procedure, by sex.

G. SHERRICA			Hospit	alizati	500.	13.51.011		P	hysicians	and other	Expenses	Grand	Total
		No.			nses	fore			ans≀ Fees		elated Expenses	Claim	Benefit
		of	Aggre-	Total			Total	Surgical				ant	Paid by
	Surgical Procedures	Claim-			&	Hosp.	Expenses			es Claima	nts	Ex⇒	Plan
	Performed	ants	days	penses			-	No. Amt		mt.		penses	
	refrormed			•		penses	-	of	of				
)								Clatim	Claim				
,	·					ĺ		-ents	⊸ents				
	Column 1		3	4	5	6	1	8 9	10	11 12	13	14	15
9	Total, all procedures	,		\$	\$	\$	\$	\$	\$	144 144 145	\$	\$	\$
2	Male							l [.					
3	Female			'	ļ '	1							
7.	Tonsil and adenoid-ectomy					1			90	-	!		
7	Male							1 [		1			
6	Female				1	İ							
7	Thoracic surgery	ļ					!						
8	Male			Sep	arate	tables	for:	ŧ .					
9	Female							1		i			
ıó-	Mastectomy			_	1. 8		laims, Bo		s combine	d	İ		
11	as above				t		option, a						
12	Hernia, Repair of, all				1	Low (	ption, as	above	i i	İ			
8	Appendectomy							lT.	1				
A.	Abdominal, other				2. 8	i) Activ	e employe	es claims	Both pp	tions			
15	Hemorrhoidectomy				l	) High	option, a	s above	-	-	· .		
16	Cholecystectomy					Low	ption, as	above					
17	Prostatectomy				1 -	1							
18	Male		-		3. 8	ı) Deper	dents of	active en	noronaes c	laims, Both	opcions	1	
19	Cystoscopy				l t		option, a			-,			
20	D. & C. (non-maternal)					Low o	ption, as	above					
21	Fémale				١	b		l . l	_bb_	Dath			
22	Hysterectomy					p all I	muitants	and depe	maents ci	aims, Both	oberons		
23	Female						option, a			*.			
24	Fractures and Dislocations				١ ٩	Dow o	ption, as	above					
25	Neoplasms, Excision of (not					h =	1			i			
12	elsewhere reported)						1						
26	Other, all (not elsewhere												
	reported)		Approved	For Polo	20 20	0 3/08/13	: CIA-RDP	86-009648	000100100	1022-h			
1 %			Approved	or Kele	43C 2C	3,00,13	. SIA-KDF	75-003041		7			

Federal Employees Health Benefits Program
Name of Carrier
Address of Carrier
Reporting Period to (inclusive dates)

4(3) 7/60

Table D. IV. Utilization - Nonmaternity Services: Size of expense; Number of claimants, amount of claimants; expenses and of benefit paid by plan; by size of expense type of claim, category of patients, and by option.

•		-	otal All (	19.45	Supple	Claims ally Treat	Involvin	Hospit	al Expens	es Topoted	417 (	ther Claim	
		No. of		Amchint	No. of	Treat	The second secon	No. of	Total	Amount	No. of		Amount
,	Size of Total Expenses	Claim- ants	Claim-	Benefits Paid by		Claim- ants Expenses	Benefits		Claim-	Benefits Paid by	Claim- ants	Claimo ants Expenses	Benefits Paid by Plan
	Column 1	2	3	4	5	6	7	8	9	10	11	12	13
1234567 8 9 0 1 2 3 4 5 6 17	Total, All Claims Male Female \$ 1			2° 3° 4° 5°	a) All (b) High (c) Low a) Acti (b) High (c) Low a) Spout (b) Tota (c) Tota (c) Low a) Chil (b) High (c) Low a) All (b) High (c) Low a) All (c) Low a) All (c) Low a) All (c) Low a) All (c) Low a) All (c) Low a) All (c) Low a)	Claimants, option, as option, as option, as option, as option, as see of Active option, as option, as option, as option, as option, as option, as option, as option, as option, as option, as option, as	s above s above s above Active Em s above s above ve Employe s above s above s above s above s above s above s above	Both of ployees  ees claim	claims, E ims, Both	options co	ombined		
,	as above		Approv	ed For Relea	se 2003/0	8/13 : CIA-F	RDP86-0096	4R00010	0120022-0				

Federal Employees Heal	1th Benefits Pros	ਰਿਲੇਪed For Release 2003/08/13 : CIA-RDP86-00964R000100120022-0 No。
Address of Carrier		
Reporting Period	to	
	(inclusive dat	es)
<b>ቴ(3) 7/60</b>	Table D. V. A.	Utilization Maternity Services: Expenses and Benefits; Number of patients, hospital admissions, expenses paid by claimants, benefit paid by plan, by duration

							1			Physicia		
19.0		Number		alization		otal	Hespital			stetrical		
Cr	olumn 1	of Patients 2	Admis- sions	Aggregate No. days h	Expenses	Benefit Paid 6	Expenses	Benefit Paid 8	ree 9	Bene- fit 10	11	Bene- fit 12
0,	ATOMI S						9-7-7-7-1					14
Length o	of Stay				Durati	.on		_		-	-	
	all patients lay or less				\$	*	\$	\$	\$	\$	\$	\$
	lays lays lays			AND AND AND AND AND AND AND AND AND AND								
6-9			500 J. D. C. C. C. C. C. C. C. C. C. C. C. C. C.		COLUMN TO THE PROPERTY OF THE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Туре					Maternity	/ Care						_
Deliv					\$	\$	\$	\$	\$	\$	\$	\$
	mal sarean Section optic pregnancy			Separate T								
Misca	rriage Complications of pregnancy			1.	b.	aternity s	H	oth option igh option ow option	s com	bined		
Other	(false labor, etc.)				a. Activ	re Employee	s and Annu		th op	tions con	ibined	·. [
				3.	a. Deper	ndents of E	H	nd Annuita igh option ow option	nts t	oth optic	ons co	mbine
		Approved For	Release 2	0 <b>0</b> 3/08/13 : CI	A-RDP86-0	09 <b>6</b> 4R00010	0120022-0		1	_		1

Federal Employees Health Benef Approved For Relea	se 2003/08/13 : CIA-RDP86-00964R000100120022-0
Name of Carrier No.	
Reporting Period (inclusive dates)	٠,

4(3) 7/60

Table D. V. B. Utilization -- Maternity Services: State Summary, Expenses and benefits; Number of patients, hospital admissions, expenses paid by claimants, benefit paid by plan, by state, total, (both options combine) and by option.

Vicinia symbologic indi representational et interprete increase actual returner representational actual participation and the control of the	Numb sa	Hospitalitestica		Total.		Papital Expenses		Physicians Fees Obstetrical Amesthetics			
State	of:	hanson market in	Aggregate		Benefit	-	Benefit	1	Bene-		Bens-
	Patients	eicn#	N . days	Expandes	Paid	Expenses	Paid	Fee	fit	Fae	<b>F</b> 44.
Column					3.34843 <del>474</del> 34343434	Serberberberbeginsbestricherbe		171	وحصافات	annia September	manuscrate monocont
(both Total, all claims options) High option Low option				And the same of th						S. C. C. C. C. C. C. C. C. C. C. C. C. C.	en ernert et ernen en en en en en en en en en en en en
4 0. S. sil states and territories, total High option Low option				See The See Th				THE PERSON OF TH	1		1
5 Overseas (Foreign), total High option Low option				a de la companya de l				A CAN DE SE SE SE SE SE SE SE SE SE SE SE SE SE			
6 United States. (50 states and D.C.), total High option Low option		The state of the s						7			
7 Alabama, total High option Low option									AND DEPOSITE STATE		
8 Alaska, total High option Low option											
9 = 57, Other states and D. C. 58 U. S. Territories and Dependencies, total High option Low option								-	-	2	
	Approved	For Rele	ase 2003/08/1	3 : CIA-RDP	86-00964R0	0010012002	2-0				